

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 16-AUG-2016		TIME 22:02:00	2. ADDRESS OF OCCURRENCE 10200 S EBERHART AVE CHICAGO, IL 60628			3. LOCATION CODE 304	4. BEAT/OCCUR 0511	4a, VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO		
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME MCDONALD	7. FIRST NAME BRANDON D	8. STAR NO. 19423	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 509	12. HT. 160	13. WT.	
	14. DATE OF APPT. 18-FEB-2014	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 022 2223	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME LAWSON	21. FIRST NAME CHARLES	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 01-SEP-1991	26. HT. 509	27. WT. 220		
	28. ADDRESS 10710 S WENTWORTH AVE CHICAGO, IL 60628		29. TELEPHONE NO. (773) 468-0016	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		33. WHERE WAS MEDICAL TREATMENT OBTAINED?							
	34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
	36. CHARGES PLACED				<input type="checkbox"/> DNA	37. CB NO. IR NO. 19357417	<input type="checkbox"/> DNA			
	***** PLEASE SEE NEXT PAGE *****									
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE
		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		OTHER _____		PERCEIVED AS _____		
OTHER _____		OTHER FLED IN VEHICLE						PERCEIVED AS _____		
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>								
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		
WRISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER _____		
ARMBAR <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER _____						
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>				
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>				
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>				
LRAD WITH AUTHORIZATION <input type="checkbox"/>		OTHER _____		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>				
OTHER ACTIVATED LIGHTS AND SIRENS _____										
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			40c. DID THE DISCHARGE RESULT IN A SELF -INFILCTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member			
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		
	49. TASER DART ID NO.			50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.
	54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
	70. ADDITIONAL INFORMATION SUBJECT FIRED A 9MM SEMI-AUTOMATIC HANDGUN AT R/O									
71. EVENT NO. 1622916533										
71. R.D. NO. HIZ39527										

WHICH STRUCK R/O

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		
	40. ADDITIONAL INFORMATION SUBJECT FIRED A 9MM SEMI-AUTOMATIC HANDGUN AT R/O WHICH STRUCK R/O		
SIGNATURES	73. REPORTING MEMBER (Print Name) MCDONALD, BRANDON D 17-AUG-2016 06:12:52	STAR/EMPLOYEE NO. 19423	SIGNATURE 
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
	74. REVIEWING SUPERVISOR (Print Name) DEROUIN, THOMAS H	STAR NO. 2462	DATE REVIEWED TIME 17-AUG-2016 07:05:51
Additional discharged weapons:			

70. EVENT NO.

1622916533

71. R.D. NO.

HZ395227

36. CHARGES PLACED

625 ILCS 5.0/11-204.1-A-1, 625 ILCS 5.0/4-103-A-1, 720 ILCS 5.0/18-4-A-4, 720
ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-3.05-E-2, 720 ILCS 5.0/9-1-A-1, 720 ILCS
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 725 ILCS 5.0/110-3, 720
ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-
1-A-1

DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The officer was shot by an offender with a handgun, and the officer was within department guidelines and policies.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RESPONSE WAS:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

NAVARRO, KEVIN B

80.

TRR _____ OF _____ TRR(S)

81. TOTAL TRR's THIS EVENT No.

4

SIGNATURE



DATE COMPLETED

TIME

17-AUG-2016 07:15:34